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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/509,177			ing Date 27/2004	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY												
FOR NUM				·	NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
0	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A	, , ,		N/A	. == ()
	SEARCH FEE		N/A		N/A			N/A			N/A	
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A	
TOTAL CLAIMS (37 CFR 1.18(i))			minus 20 ≎					x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•			x \$ =			X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE sis	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See			·			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	02/14/2007	CLAIMS REMAINING AFTER AMENDMEI		HIGHES NUMBE PREVIO PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 18	Minus	 20		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.18(h))	• 5	Minus	***5		= 0		X \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
						,		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAININ AFTER AMENDMEI		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))	· 18	Minus	. 0	40	7		x \$ =		OR	x s =,	
	Independent (37 CFR 1.16(h))	. 5	Minus		5 /	=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL ADD'L FEE Legal Ir	nstrument Ex	OR camin	TOTAL ADD'L FEE er:	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". catherine d. smith *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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